



MATT BLUNT  
GOVERNOR

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION

## CRIME VICTIMS' COMPENSATION

P.O. Box 3001  
JEFFERSON CITY, MO 65102-3001  
PHONE: 573-526-6006 1-800-347-6881  
[www.dolir.mo.gov/wc/cv\\_help.htm](http://www.dolir.mo.gov/wc/cv_help.htm)

ROD CHAPEL  
DEPARTMENT DIRECTOR

PATRICIA "PAT" SECREST  
DIVISION DIRECTOR

### Eligibility Checklist

This checklist is designed to assist you in filing an application for compensation. Benefits include medical, funeral and counseling expenses and lost wages or loss of support. **PROPERTY LOSS IS NOT COVERED BY THIS PROGRAM.** If you have any questions regarding the application, please call the Program.

Did the crime occur in Missouri? **Yes or No (If not, then you must file an application in the state where the crime occurred.)**

For victims under 18, the application must be signed by a parent, spouse or guardian and the signature notarized. If the victim is 18 or older, the application must be signed by the victim themselves. If the victim is unable to file the claim, one of the following must be submitted to the Program:

- A signed and notarized statement from the victim giving the claimant permission to handle the claim as well as an explanation why the victim is unable to handle the claim; or
- A copy of the Power of Attorney indicating the claimant as the designated individual handling the victim's legal business.

Did the injuries require a visit to the hospital, doctor, dentist or a therapist for counseling? **Yes or No**

Do you have crime-related medical bills to submit? **Yes or No**

Is the victim deceased? **Yes or No**

Are you financially responsible for the funeral expense? **Yes or No**

Do you have copies of the funeral bill, death certificate and paid receipts to submit? **Yes or No**

If applying for lost wages or loss of support, was the victim gainfully employed at the time of the crime? **Yes or No**

Was the crime reported to the police within 48 hours after it happened? **Yes or No**

If there is a known offender, is the victim cooperating with prosecution? **Yes or No**

Was the victim convicted of two felonies (one of which includes alcohol, drugs or violent crime) within the past ten years of the date of crime? **Yes or No**

Are you filing this application within two years of the crime date? **Yes or No**

Is your signature on the application notarized? **Yes or No**